PATENT APPLICATION FEE DETERMINATION RECORD Effective

tober 1, 2003

Application or Docket Number

/516682

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHE	THAN	
TOTAL CLAIMS					100/01/11/23			RATE	FEE	- ∪⊦.	SMALL	, .	
FOR						A				-	RATE	FEE	
<u> </u>			NUMBER FILED		NUMBER EXTRA			BASIC FE	475	-IOR	BASIC FEE		
T	OTAL CHARGE	EABLE CLAIMS	/3_ minus 20=		•		-	XS 9=		OR	X\$18=		
INI	DEPENDENT (CLAIMS .	/ n	กเกบร 3 =				X44		OR	X8 \$ ≃		
Ļ		ENDENT CLAIM P					-150=	·	OR	-36 0=			
*If the difference in column 1 is less than zero, enter "0" in column 2						column 2		TOTAL	475	OR	TOTAL		
CLAIMS AS AMENDED - PART II								OTHER THAN					
_		(Column 1)	(Colum			(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		REMAINING AFTER AMENDMENT		PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus			=		X\$ 9=		OR	X\$18=		
AME	Independent	·	Minus	***		-		X43= ·		OR	X86=		
_	FIRST PRES	ENTATION OF MI	ULTIPLE DE	PENDENT	CLAIM			+145=		OR	+290=		
		•					L	TOTAL	-	4 1	TOTAL		
							A	DDIT. FEE		JOR ,	ADDIT. FEE		
-		(Column 1) -		(Colum		(Column 3)	-		100/	3 (
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total		Minus			.		X\$ 9=		OR	X\$18=		
	Incependent	•	Minus			Ξ.		X43=		OR	X86=		
	FIRST PRESE	NTATION OF MU	ILTIPLE DEI	PENDENT	CLAIM			+145=		OR.	+290=	•	
	•					•	. A	TOTAL DDIT. FEE	·	UB L	TOTAL DOIT. FEE		
-		(Column 1)	, , ,	(Colum		(Column 3)	_						
AMENOMENT C		REMAINING AFTER AMENDMENT	16	HIGHE NUMBI PREVIOL PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	••		.		X\$ 9=		OR	X\$18=		
Į Į	independent	•	Minus	***		# ·	+	X43=			X86=		
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									ÖR			
• H	this anthy in cale	mn 1 is loss than the	a patau la acli-	ma o maior "	N° in ank		L	+145=		OR	+290=	•	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **OTAL ADDIT. FEE												·	
		ber Previously Paid					touad	s in the appi	opriate box	in colu	mn 1.		